POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NO.	<b>र</b> इंडिं।	
O.I.P.E. CLASSIFIER	7	5	7-1460
FORMALITY REVIEW		71423	9-27-0
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS** ...... Non-elected ..... Allowed ..... Interference (Through numeral)... Canceled ..... Objected ..... Restricted Claim Date Date Date Original Original Final 7. 24

If more than 150 claims or 10 actions staple additional she t h re

(LEFT INSIDE)